



A P STATE CHRISTIAN (MINORITIES) FINANCE CORPORATION
(Minorities Welfare Department)
Government of Andhra Pradesh

**NOMINATION FORM FOR FELICITATION OF EMINENT CHRISTIANS WHO EXCELLED IN
DIFFERENT FIELDS AND RENDERED EXEMPLARY SERVICES**

NOMINATION FORM

I nominate the following person for felicitation:

* *Mandatory fields.*

*Passport Size
Photograph of
the Nominee*

1. Full Name * :

2. Address*:

Street:

Village:

Town:

PIN Code*:

Mobile No*:

Email ID*:

3. Date of Birth*:

4. Aadhar Card No * :

(Xerox Copy to be Enclosed)

5. Christian Certificate

(Latest Caste Certificate Issued
by Tahsildar / T.C) *:

(Xerox Copy to be Enclosed)

Yes

No

6. Nomination for the Field of **(Separate nomination form need to be used for each field and each individual) –**

1. Literature
2. Education
3. Medicine
4. Social Service
5. Music/Theatre/ Fine Arts

7. How in your opinion the nominee demonstrated service worthy of recognition?

8. How has the nominee's contribution impacted on a particular field, locality, group, community or humanity at large?

9. Over what period of time has the nominee made a major contribution?

10. Has the nominee's contribution been recognised elsewhere with awards/felicitation (e.g.; in the media, awards, professional/ interest groups or through local government)
Documents to be enclosed.

11. What makes this person different from others doing similar work?

12. Background of the nominee

Please provide full details of POSITION(S) HELD by the nominee, paid or voluntary, which support and are relevant to the nomination. Please give period of his/her activity or whether the person is still involved in this area of activity.

13. Documents in support of the candidature:

14. DETAILS OF NOMINATING AUTHORITY

Name :

Designation :

Address:

Mobile/Tel/Fax No.:

Email Id:

Relationship with nominee:

I hereby declare that the information given above is correct.

Date:

Signature:
& Seal

Note*: 1. Applications once submitted will not returned back.

2. All Mandatory documents to be enclosed, If not application will be rejected.

Please send nomination form to the O/o MD, APSCMFC through Speed Post / Courier on or before 30th November, 2018 (Friday)

Address:

**MANAGING DIRECTOR
ANDHRA PRADESH STATE CHRISTIAN (MINORITIES) FINANCE CORPORATION
6th Floor, T.G Plaza, Opp to Manipal Hospital, Tadepalli, Guntur District - 522 501**

For More details Contact:

Contact No : 08645-274068 / 69, 8897652340 Website: <http://christianminorities.ap.nic.in>